

*A Report on the South Carolina*  
Healthy Eating and Active Living  
Health Impact Assessment  
Capacity Building and Planning Project

South Carolina Department of Health and Environmental Control

*August 2011*

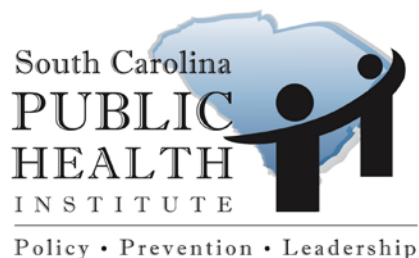


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We thank the following individuals at ASTHO for their support:

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# Acknowledgements

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## Background:

The South Carolina Department of Health and Environmental Control (SC DHEC) is the state's public health agency in South Carolina with a vision for 'Healthy People Living in Healthy Communities.' DHEC carries out its mission to promote and protect the health of the public and the environment by engaging communities in developing healthy and environmentally sound communities. In 2010, the South Carolina Department of Health and Environmental Control (SC DHEC) Commissioner Earl Hunter was selected to serve as co-chair of the Robert Wood Johnson Foundation (RWJ) Leadership for Healthy Communities. The RWJ Leadership for Healthy Communities is an effort to engage and build leadership champions who will support and leverage policy initiative and changes. Under Commissioner Hunter's leadership and the SC DHEC Agency goal to 'Increase support to and involvement by communities in developing healthy and environmentally sound communities' and to 'Improve the quality and years of healthy life for all,' there have been increased policy, program, and partnership enhancements with a focus on healthy eating, nutrition and physical activity, particularly among children.

## Why is this important?

- SC ranks 6th in the nation in rates of adult overweight and obesity, with 67% of adults as overweight and obese (1)
- 83% of high school students did not meet fruit and vegetable recommendations (2)
- 74% of SC high school students did not meet physical activity recommendations (2)
- 28% of low-income children, ages 2-5 years of age, are either overweight or obese (3)
- SC ranks lower than the national average regarding number of healthy and less healthy food retailers in a given area (4)

Lack of access to healthy foods and safe places to be physically active are contributing factors to obesity and related chronic diseases. Efforts to create environments that positively shape our health require a committed approach. SC has a strong history of collaboration towards sustainable efforts that increase access to healthy eating and active living where South Carolinians live, learn, work and play. A statewide movement, Eat Smart, Move More SC, is how South Carolina is working to make the healthy choice the easy choice by enhanced coordination in the state and supporting policy and environmental changes at a community level to thereby improve the health of all populations affected by the burden of obesity and chronic diseases. Engagement between state agencies, business and industry, health care organizations, schools, academia, community based groups and coalitions and a broad range of other stakeholders serves to capitalize and leverage differing areas of expertise, skill, and resources. Collaborations at state and/or local levels primarily target health related policies, project, or opportunity.

Oftentimes, though, a non-health oriented policy and/or project may have health implications and may not be considered. Thus, policies may inadvertently have an adverse effect on accessibility of healthy foods or safe places to be physically active. Assessing the health implications of decision, in a sector outside of health, can be identified and then considered in a decision making process. A systematic model of identifying this information is called a Health Impact Assessment (HIA). This model can be used to provide insight into the health implications in a proposed project or policy. This model follows the following core steps: screening, scoping, assessment, recommendations, reporting, monitoring and evaluation. (5) Health Impact Assessments can vary greatly in terms of time commitment, costs, and comprehensiveness, yet the seven key steps noted are consistent across any HIA.

## **SC Healthy Eating and Active Living Health Impact Assessment Capacity Building and Planning Project:**

SC DHEC received funding in July 2010 from the Association of State and Territorial Health Officials (ASTHO) with the focus on building the capacity and developing an infrastructure to support utilization of health impact assessments to address the modifiable risk factors for childhood obesity.

Within SC DHEC, the Division of Nutrition, Physical Activity, and Obesity (DNPAO) was the lead program on this project. DNPAO serves to lead public health efforts to reduce obesity and obesity-related chronic conditions by addressing the risk factors of poor nutrition and physical inactivity. Activities are focused on policy, systems, and environmental changes to increase access to healthy foods and safe places to be physically active.

This project presents the results of a qualitative process conducted to identify how best to engage and provide information to policy and decision makers in a systematic fashion, specific to increasing access to healthy foods and safe places to be active. The partners involved in this HIA capacity building project are interested in learning more about HIAs and how they can affect policies and/or projects to have a positive impact on nutrition and physical activity in South Carolina.

A central component of this project is to assess the state's readiness to support the capacity and implementation of HIAs related to policies and/or projects that will likely have an impact on childhood obesity through improved nutrition and/or physical activity.

Across the nation, the use of HIAs is gaining momentum. This report can guide future activities surrounding the utilization of HIAs in South Carolina, while serving as a guide to other states to assess capacity and readiness to use HIAs to address healthy eating and active living. This project aims to outline the opportunities and considerations towards creating a culture in which the health effects of policies or projects are systematically identified and considered in the decision making process in South Carolina, with specific consideration for creating opportunities for healthy eating and active living.

### **Project Overview:**

This project was designed to provide groundwork from which South Carolina could a) assess readiness to utilize HIAs, b) build capacity and expertise to conduct HIAs, c) identify considerations and opportunities in identifying and selecting policies and/or projects upon which to conduct HIAs, and d) identify opportunities in which to maximize information gathered from HIAs to influence policies and/or projects that can in turn address childhood obesity.

### **Objectives of the funded project include:**

1. Build knowledge of HIAs and the skills required to perform HIAs within SC by participating in an ASTHO sponsored HIA training
2. Complete a rapid HIA on the impact of a proposed 'road diet' and road re-striping of Daniel Morgan Avenue in Spartanburg, SC
3. Design and conduct a strategic process to assess current and future capacity and capability to implement HIAs related to policies and/or programs aimed at reducing obesity through healthy eating and active lifestyles

In support of Objective 1, a team from SC attended a two-day training held in November, 2010, provided by ASTHO and Human Impact Partners. The training included education and examples on the seven key steps of an HIA as well as screening of the Spartanburg HIA and preliminary scoping of the selected project. This team became the core team involved in conducting the rapid HIA. (See Appendix 1) The report on the Spartanburg Rapid HIA conducted as outlined in Objective 2 will be available in fall 2011. This training also provided the education to members of the South Carolina team on the seven key steps, which then enabled team members to return and educate additional stakeholders about the HIA process and considerations towards the utilization of HIAs. The main focus of this report is to document the process, findings, and recommendations specifically in support of Objective 3.

The activities of this project were supported by a sub-contractual agreement with the South Carolina Institute of Medicine and Public Health (IMPH). IMPH's mission is to promote evidence-based policies, strategic prevention efforts, and effective leadership designed to improve the public's health now and in the future. (See Appendix 2)

## Strategic Planning:

The focus of Objective 3 was a planning process designed to identify an approach to inform decision making that includes health in all policies, particularly regarding healthy eating and active living. During the entire 12 month project period, staff of DHEC and IMPH had a number of informal conversations with various stakeholders around the state. These conversations culminated in a three hour stakeholder meeting held on May 5, 2011 in Columbia, SC. This stakeholder meeting was led by some of the team members that attended the ASTHO sponsored training. The stakeholders in attendance represented public health, active living advocates, environmental health, transportation planning, city planning, public education (K-12), agriculture, and housing authorities. Sixteen people were in attendance. Engaging stakeholders from various sectors beyond public health resulted in a successful initial effort to introduce HIAs to those in sectors outside of health.

The purpose of this meeting was to provide an overview of HIAs; to provide information on the rapid HIA being conducted in Spartanburg, SC; and most importantly, to facilitate a discussion and interaction about opportunities and strategies for HIAs focused on improving support for healthy eating and active living.

- An overview of HIAs provided a backdrop on the history of HIAs and the potential application to many topical areas, as well as education on the various phases within an HIA (<http://scphi.org/wordpress/wp-content/uploads/2011/02/SCPHI-SCDHEC-Presentation-HIA-101.pdf>).
- Next, the case study HIA being performed in Spartanburg, SC as part of this project (Objective 2) (<http://scphi.org/wordpress/wp-content/uploads/2011/02/SPATS-Presentation-Spartanburg-HIA.pdf>) was presented. The final HIA report on this case study will be available on the both the DHEC and IMPH website in fall 2011.
- A facilitated discussion then occurred to explore the opinions of the stakeholders on the utility of HIAs, the feasibility of HIAs in the political environment of SC, how best to educate broadly about the utility of HIAs and train potential practitioners, and to understand and identify currently proposed projects, programs, and/or policies that might be ripe for the application of an HIA.

This stakeholder meeting elicited valuable ideas, feedback, and suggestions related to the process of expanding capacity in SC to support the utilization of HIAs. The following summarizes the key points discussed in the stakeholder meeting.

## **Value & Feasibility of HIAs:**

There was broad support among the group for the concept of considering health in all policies and for utilizing HIAs as a strategy and tool to accomplish that goal. Stakeholders agreed that it is advantageous to consider how to maximize health and support a healthy lifestyle and to consider methods of minimizing effects that are potentially harmful to health in a wide variety of proposed projects and policies.

A key point noted was the need to position HIAs as value-added for decision makers. Complimentary to this was discussion about how to create the social and political will to fully implement policies that can positively impact the health of the state. An example provided was the considerations and commitment to implement the elements of a Complete Streets policy that had recently been adopted in one community. The value of local coalitions and advocates to champion the implementation of policies was emphasized.

It was noted that HIAs could provide information relevant to pending legislation that would be valuable to elected officials. The information provided by an HIA could supplement policy considerations by illuminating and identifying how a policy could influence access to healthy foods or safe places to be active.

The possibility for creating valuable information through the use of HIAs was discussed. It was agreed that the need for maximizing information that could be gained by conducting an HIA should be a key factor in how this tool can be positioned and seen as value-added and therefore requested by policy makers. To be considered in the political arena, HIAs in SC should include long-term cost savings estimates related to the anticipated improved health outcomes; especially in a time of economic crisis, anything that adds cost to the system will be scrutinized. To increase the position and utilization of information gathered from HIAs, it was noted that there is possible value in having policy-makers trained on HIAs and involved in the HIA process.

Stakeholders discussed the differentiation between HIAs as a tool to create recommendations versus the value of the process of HIAs. Noted was the value in building support for healthy eating and active living related policy and projects as an ancillary outcome of conducting an HIA.

## **Promoting the Use of HIA:**

It was suggested that we create workshops to educate a broad array of stakeholders about health in all policies and HIAs. Trainings related to HIAs focusing on active lifestyles and healthy eating could be done in partnership with the Eat Smart Move More SC network.

To increase the understanding by policy makers about the information that can be produced by HIAs, it was acknowledged that education and training to policy makers and their staff could be an important step in increasing their knowledge about HIAs. This, in turn, could influence future interest in requesting and valuing information gathered by an HIA.



Possible forums that would be ideal for the trainings include the meetings of the SC Chapter of the Association of Counties, the Municipal Association of SC, the SC Transportation Planning Group, the SC Chapter of the American Planning Association, and the SC Public Health Association. We could consider tying these trainings to continuing education credits in order to encourage and maximize participation.

Some education and training could be done via webinars. In-depth trainings are probably best done face-to-face in a team environment and focused around a specific project or policy under consideration so that participants can experience how the steps of an HIA occur with a specific example, similar to the training sponsored by ASTHO.

Several states are moving towards mandating HIAs in certain circumstances. It is felt that before having a discussion about requiring HIAs in SC, we need to first prove that they have value and build our capacity, awareness and expertise.

It was agreed that we should begin an HIA education process with local, state and regional foundations, state government officials, and businesses across the state as a starting point for exploring potential partnerships to support future HIAs.

### **Selection of Policies and/or Projects:**

Stakeholders also discussed the process by which to select policies and/or projects upon which to conduct HIAs, i.e. the screening phase. To facilitate this, a ‘network’ could be established to facilitate the identification of possible policies and/or projects to be considered. This network could not only serve as a venue in which to submit proposed projects, yet also provide a mechanism in which decision-makers or funders may be interested in having an HIA conducted.

Several specific ideas for potential HIAs were generated during this discussion:

- The SC Department of Agriculture has considered relocating the Greenville State Farmers Market, currently located on Rutherford Road, to the downtown Greenville area in order to be accessible to more people and because of air quality concerns related to the current market being sited adjacent to a chicken processing plants.
- An HIA would be useful in supporting anti-idling policy. There is a need for such a policy because trucks often continue to run when delivering products and cars run while in the pick-up and drop-off lines at schools.
- There is currently proposed Farm to School/Institution Legislation (SC Senate Bill 812) that makes sustainable local foods more widely available and increases access to healthy foods (including offerings made in vending machines in schools). An HIA could be conducted to document the health impacts of this policy.
- A policy related to green housing considerations required when new housing developments are proposed could be supported by an HIA.

## Resource Considerations for Supporting HIAs:

Both financial resources and a reasonable time frame are needed to successfully complete an HIA. Approximate timing is anywhere from 6 weeks to a year to complete an HIA and the cost can range from \$10,000 to \$200,000<sup>(5)</sup>. These resource considerations must be factored such that a valuable HIA is produced in such a way to be useful to a decision making process.

In order to complete the assessment phase of HIAs, sufficient data needs to be available. The value in having a repository of data often used in HIAs and information from other HIA projects was discussed. There have been recent efforts to secure resources, both in terms of financial resources and staffing resources, to support additional HIAs to be conducted. Earlier this year, IMPH applied for a three year cooperative agreement with CDC to build capacity in SC for HIA and to perform three HIAs related to land use, transportation, and/or housing in each of the three years. Projected award notification was recently announced and IMPH did not receive the funding. However, the proposed projects included in the proposal could be considered if other funding sources are identified.

The following summarizes the HIA projects that were included in the proposal:

1. The City of Greenville, SC has been awarded a multi-year award from the U.S. Department of Housing and Urban Development and the U.S. Department of Transportation to perform a comprehensive plan for West Greenville to include enhanced transportation options, expansion of green spaces, and affordable and safe housing. The proposed HIA would inform the planning so that health concerns are integrated into the process.
2. The City of Columbia, SC is planning to embark on the development of a Master Bicycle Plan for the city and the proposed HIA would support this process. The overall goal is to develop a plan that would support safer, bike-friendly streets and paths. First, an assessment of existing lanes and resources will take place and then a plan will be developed to determine where additional lanes should be placed to develop a stronger bike-friendly infrastructure for the community.
3. The City of Spartanburg is considering a rail-trail connectivity plan. The proposed HIA would support the need for the identification and design of designated spaces for bicyclists, pedestrians, and vehicles along the roadway that connect two rail-trails to improve the safety of those traveling between the two trails.

There would be no cost or revenue related to these HIAs for the Cities of Columbia, Greenville or Spartanburg; the cooperative agreement would have supported training and technical support from the CDC and project management by IMPH. An Advisory Committee would have been formed to oversee the project and would determine which HIA would be taken on in years two and three.

Other funding sources have been available to support HIAs. Funding for HIAs has been available for two consecutive years through the Health Impact Project of Pew Charitable Trust and the Robert Wood Johnson Foundation, Leadership for Healthy Communities. The potential policies and/or projects identified during this discussion could be viable options for proposals to secure funding.

## Recommendations:

Preventable health problems, including many chronic diseases, place a significant burden on our citizens, both in terms of financial costs as well as quality of life. As chronic diseases continue to cost the medical system, the workplace, and our society in general, we must work to reverse the trends of obesity in our state and country<sup>(5)</sup>. In order to adequately address the root causes of chronic disease, we must be able to assess and identify the unintended health consequences of non-health oriented decisions. HIAs can serve as practical, evidence-driven tools to accomplish these goals.

South Carolina can further realize these goals by considering the following key recommendations. These recommendations are based on the expert opinion of the stakeholders, as well as the case study HIA being conducted in one South Carolina community. These recommendations can guide future action in SC to build and sustain capacity for the implementation of HIAs.

### Capacity Building Recommendations:

- Educate decision makers on the purpose and value of HIAs and the role that HIAs can have in identifying the health impact of policies and/or projects.
- Provide training and educational opportunities to professionals in both the health and non-health sectors to increase the understanding of HIAs, opportunities for HIAs, and how they can be used.
- Establish a mechanism for obtaining and generating possible policies and/or projects that are under consideration for which an HIA would be feasible.
- Continue to build the capacity to perform HIAs in SC by supporting local HIAs in communities throughout the state, including having individuals knowledgeable about the process to perform the key steps.
- Identify a sustainable funding source in order to support the development and use of HIAs as tools in the decision making process.
- Build increased and enhanced capacity for measuring and monitoring the data that would likely be used in HIAs.
- Define data standards and develop a central data repository for HIAs.

### Lessons Learned:

The following lessons learned and observations are primarily from the experience of the Spartanburg Rapid HIA project:

- As HIAs are planned, careful consideration should be provided regarding finite resources and personnel capacity for performing the very time consuming activity of data collection.
- A lack of a pending decision can impact the urgency of developing and completing the HIA phases; therefore, the collection of data and subsequent completion of the remaining phases of an HIA may fall to a lower priority, especially with capacity limitations.
- Unforeseen political challenges may arise, such as opposition to the policy or project from the community or complicated processes within organizations critical to the HIA process that may impact the progress towards conducting and completing an HIA.

# References

1. Behavioral Risk Factor Surveillance System, 2010. Available at [www.cdc.gov/brfss/](http://www.cdc.gov/brfss/)
2. Youth Risk Behavior Survey, 2011. Available at [www.cdc.gov/HealthyYouth/yrbs/](http://www.cdc.gov/HealthyYouth/yrbs/)
3. Pediatric and Pregnancy Nutrition Surveillance System, 2009.  
Available at [www.cdc.gov/pednss/](http://www.cdc.gov/pednss/)
4. Children's Food Environment State Indicator Report, 2011.  
Available at [www.cdc.gov/obesity/downloads/ChildrensFoodEnvironment.pdf](http://www.cdc.gov/obesity/downloads/ChildrensFoodEnvironment.pdf)
5. The Robert Wood Johnson Foundation and The Pew Charitable Trusts. (2010) Health Impact Assessment: Bringing Public Health Data into Decision Making; Health Impact Project.

# Appendices

## Appendix 1: Spartanburg Case Study team:

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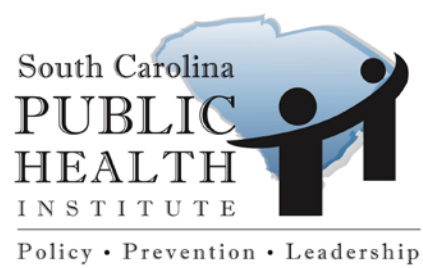
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